

SECTION L**ATTACHMENT L-3**

Please rate the Offeror as ~~A~~Excellent,@ ~~A~~Satisfactory,@ or ~~A~~Poor@ in the following eleven (11) areas by putting an ~~A~~X@ in the appropriate box. Please give a short narrative as to why you chose the adjective you did, especially for those areas which are other than Satisfactory.

Definitions: **Poor** - Does not meet expectations; **Satisfactory** - Meets Expectations; **Excellent** - Exceeds Expectations.
(If scope of work did not require this performance element or rating official could not evaluate this element, note in comment box.)

PAST PERFORMANCE QUESTIONNAIRE				
	Poor	Satisfactory	Excellent	N/A or Unknown
1. Quality				
Comment on technical accuracy, appropriateness and thoroughness of analysis, other aspects of deliverable quality:				
2. Cost Control				
Comment on contractor=s adherence to established budget, assignment of personnel of appropriate technical expertise, appropriate and efficient use of resources, accurate and complete billing, relationship of negotiated cost to actual cost, other aspects of cost-effectiveness:				
PAST PERFORMANCE AND EXPERIENCE REFERENCE CHECK (Continued)				

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	Poor	Satisfactory	Excellent	N/A or Unknown
3. Timeliness of Performance				
Comment on contractor's provision of input to initial schedule, timely project startup, adherence to established schedule, identification of potential delays, proposal and execution of measures to avert delay, on-time submittal of deliverables, on-time contract administration, no liquidated damages assessed, other aspects of timeliness:				
4. Responsiveness				
Comment on contractor's responsiveness to Contracting Officer/Document Manager instructions, communication links at project and technical levels, response to work scope changes, response to special requests, ability to address and resolve problems, other aspects of responsiveness:				
5. Application of Requirements and Guidance				
Comment on contractor's knowledge of requirements and guidance, meeting of requirements, and application of guidance, other aspects of consistency with requirements and guidance:				
PAST PERFORMANCE AND EXPERIENCE REFERENCE CHECK				
	Poor	Satisfactory	Excellent	N/A or Unknown
6. Innovation				
Comment on contractor's ability to develop new strategies or approaches to project implementation, original analytical techniques, cost and schedule reduction ideas, and other aspects of innovation:				

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7. Planning				
<p>Comment on contractor's ability to develop comprehensive project plan, adjust plan to changes in project needs, other aspects of planning:</p>				
8. Staffing				
<p>Comment on adequacy and qualifications of contractor's staff to meet project management and technical needs; availability, continuity, and performance of key personnel; ability to provide needed staffing during peak activity periods or unplanned circumstances; other aspects of staffing:</p>				
PAST PERFORMANCE AND EXPERIENCE REFERENCE CHECK				
	Poor	Satisfactory	Excellent	N/A or Unknown
9. Communications				
<p>Comment on clarity and effectiveness of contractor's communication with Contracting Officer/Document Manager, other contractors, subcontractors, and others on technical, schedule and cost issues, on routine matters and on problems/issues, businesslike correspondence, and other aspects of communications:</p>				
10. Deliverables				
<p>Comment on clarity, appropriateness, and editorial and design quality of contractor's written deliverables, including text, figures, graphics, other aspects of deliverable quality:</p>				
11. Teamwork/Cooperation/Business Relations				

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Comment on cooperation and coordination with Contract/Document Manager, other contractors, subcontractors, review team, and others; effective pro-active management, flexibility, effective contractor-recommended solutions, willingness to put in extra effort to get tasks completed; other aspects of teamwork and cooperation:

Overall Rating (Based on detailed evaluation of items 1-11)

Comments:

Contractor (Company/Division): _____

Address _____

City, State _____

Project Manager (Name and Phone Number): _____

Contract Number/Task Number(s): _____

Type of Award: _____8(a) _____Sealed Bid _____Negotiated _____Competitive _____Noncompetitive

Contract Type: _____CPAF _____CPIF _____CPFF _____ID/IQ _____FFP _____FP-IF _____Other (Specify)

Type of Work Performed: _____

Initial Cost: \$_____ Modifications: \$_____ Total Cost: \$_____ Task Orders Issued: \$_____

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Contract Start Date: _____ Planned Completion Date _____ Actual Completion Date: _____

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